By Tommy B>

The Displaced

I once knew a pleasant, gentle, and kind woman who used her compassion to help others. She did not wear mental illness on her sleeve. Her medication served her well. She provided wisdom to our circle in a witty way. Her ability to pose possible solutions for problems intrigued me. Nothing about her seemed unusual. I was glad to make a new friend, especially one in whom confiding came easily. Along with her alertness and beauty, she had an ever-present mysterious quality.

Time passed. I lost touch with my friend. However, I see a woman frequently walking the streets of Logan. This lady travels aimlessly, confuses herself, and mumbles incoherently. She lashes out and spits on people. When I say "Hi," she either does not respond or makes angry outbursts. She has gray hair that flies around as if it has a mind of its own.

She looked vaguely familiar so I asked someone about her. I could hardly believe that the same genuinely understanding lady appeared so helpless. It is a crying shame that this human being has changed from being amiable to being standoffish.

My friend did not show peculiar signs until after she went without her prescription for a while. Her behavioral changes appeared gradually enough that no obvious trouble showed at first. By the time psychosis was fully manifested, mental health professionals had difficulty approaching her. Without her medication she had begun to live in a delusional world of her own. As long as she took it, she behaved pleasantly and helpfully.

Fortunately, she lives in a home provided by the government. Local psychologist Russ Seigenburg estimates that 80 percent of the United States' homeless are mentally ill. Even though my friend lives in a home, she reminds me of the street people I know.

Another factor to my friend's decline could be because of changes in policy regarding the mentally ill. One such example occurred with the Americans with Disabilities Act, which provided means for deinstitutionalization of the mentally ill.

Before the 1970s, involuntary commitment of the mentally ill occurred without the person in question needing to hurt him or herself or another. When a doctor determined something was seriously wrong with an individual he or she would request the person be hospitalized. The ADA focused on taking patients out of hospitals and placing them in cleaner, atmospheric environments. The new regulations did not provide for those who would still need state intervention in the future.

The counterculture of the 1960s played a significant role in "freeing" mentally ill people from state hospitals. Many who experimented with LSD compared it to the natural state of schizophrenics and questioned who has the right to change their own "far out experience."

Justice Thurgood Marshall agreed, calling institutionalization a "regime of state-mandated segregation and degradation ... that in its virulence and bigotry rivaled, and indeed paralleled, the worst excess of Jim Crow."

The state hospital patients' segregation occurred not only from their remote living arrangements but also from their unwavering routines, which separated them further from the outside world. Schedules demanded all meals at absolutely precise times, smoking only when permitted, and passes to go off the grounds were issued only at specific times. Amidst such concerns began ideas of alternatives to institutionalizing the mentally ill. Integrating the mentally ill proposed a whole new world for them. Communities were set up to involve even severely mentally ill individuals with people who had never had those kinds of problems.

Currently, United States Law states that a person has to hurt either himself or someone else to justify commitment against his will.

I have another friend who has similar symptoms to my friend who walks the streets, yet he manages quite well. He has been diagnosed with paranoid schizophrenia. He finds a useful routine within the local mental health community and takes care of himself in his own home. He has had me over for dinner numerous times. He does his best at reading and understanding a variety of books, even memorizing some of the passages. He writes even though most of his attempts are unintelligible because of a far too disassociated stream of consciousness. He jumps quickly from subject to subject, typical of the many schizophrenic people I know.

He would be unlikely to stop taking his medication because his mom gives him such strong support. They have a great relationship. Even though his mom is in her 80s, she works on a local board for the mentally ill and supports the National Alliance of the Mentally Ill. She appears on talk shows as an advocate for those who suffer with mental problems. Whenever my friend did not take care of himself properly, his mom put him in safe, structured homes for the mentally ill. He accepted her helpful efforts. In these structured homes, professionals made sure the patients took their prescribed medications.

Clearly, family and community involvement can be influential remedies for sick people of any kind.

Community involvement thrives in Mission City, Florida due to the selfless work of Police Officer Joel Fay. He took it upon himself, 20-plus years into his law enforcement career, to receive a degree in psychology with the sole motive of caring for the mentally ill homeless within his jurisdiction.

"We put them in jail where they can't be mandated to take medication. They get their sentence. They're out. They go back to the same behavior, because they're still mentally ill, and we have to arrest them again," Fay said when asked about his involvement with the mentally ill.

Seigenburg, who works for Bear River Mental Health in Logan, said there are numerous people concerned about the current policy that restricts treatment for the mentally ill. In part, he said, it's a financial issue. He estimated $50,000 savings occur at the Utah State Hospital each day because of the mentally ill people on the streets or elsewhere who do not use their facilities.

United States laws prohibiting institutionalization should undergo revisions in order to include involuntary commitment for the mentally ill people helplessly wandering the streets. Officer Joel Fay demonstrates that temporary commitment helps homeless mentally ill people stop repeating the behaviors that keep them on the streets.

The ADA, meanwhile, supports communal living outside state hospitals. Although valid arguments support this transition, the high incidence of mental illness among the homeless deserves consideration.

At the age of 16, I first received the diagnosis of manic-depression, characterized among the most serious of mental illnesses.

I have been extremely fortunate to have a loving family and community members who have helped me maintain stability. Once when I virtually did not sleep for two weeks, I was hysterical and hallucinating. Fortunately, I had the presence of mind to call my dad 50 miles away. He came right over and I felt safe. My condition did not change significantly, I just knew with dad around everything would be OK.

During another manic-episode, I was far from home in Los Angeles. I had gone off my medication to induce mania. I knew that the absence of Lithium in my body for even just a few days would give me the euphoric, dreamlike world I craved. I stopped to see some friends. I told one of them privately that I was manic-depressive and off my Lithium. I described to him my state of mind. He helped me understand the irrationality of my traveling across three states in a "semi-drunken state" because of not being properly medicated. He pointed out that I was putting my family in danger. I started taking my medication again and we made it home safe, sane, and sound. I don't know where I would be without the help from family and friends.

Seigenburg taught me that everybody has a core personality that either accepts or rejects help in spite of the psychosis. I know I am more of the accepting kind, but I could never discount my good fortune of having the right person at exactly the right time to save me from destruction countless times.

As I write, mania surrounds me. Even with my Lithium Level intact, I experience manic and depressed periods, just far from the extremes without medication at all. I start a train of thought yet forget it instantaneously. My body moves without ceasing. Involuntary jerky movements prevail. My mind does not slow down. Floods of colorful thoughts rush through my mind. Nothing ordinary occurs during my unintentional escape from reality. One moment I ponder this paper, the next I relive vivid childhood memories as if I were experiencing them presently.

I hope the candid description of my current manic state in the preceding paragraph enlightens a few to the reality of mental illness. I occasionally consider quitting Lithium because I thoroughly enjoy mania. Alas, with the high comes the low. Fortunately, I have sleep medicine available to curb further escalation thus reducing the severity of a possible crash.

Despite my current symptoms of mental illness, I appreciate the fact that personal responsibility is required of everyone. As long as I continue to take my Lithium as prescribed and utilize my community and family resources, relative sanity and responsibility exist, even after living 21 years with mental illness.

In proposing better health care for homeless people with mental illness, several possible solutions have emerged. Community members could request their state legislators loosen existing laws that require physical harm done to oneself or someone else before an individual can be committed involuntarily.

My one friend and I live comfortably despite serious mental illness. We succeed because our families and community members want us to succeed. My other friend could possibly benefit from the policeman in Florida and laws allowing mental health experts to treat her.

Committing the homeless who are mentally ill provides them needed treatment, but the importance of their personal liberties and accountability take equal consideration. It's not an easy issue.

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